



DENTAL BOARD OF CALIFORNIA
 1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241
 TELEPHONE: (916) 263-2300 FAX: (916) 263-2140
www.dbc.ca.gov



**APPLICATION FOR CONTINUING EDUCATION
 APPROVAL FOR OUT-OF-STATE COURSE OFFERED
 BY AN UNREGISTERED CALIFORNIA PROVIDER**

For Office Use Only

Approved _____

Date _____ # units _____

By _____

Disapproved, return date _____

 Name of Licensee

 Street Address of Licensee

 City

 State

 Zip

 Licensee's telephone _____ License number _____

Attach to this form a course outline, the course objective(s), and a certificate of completion from the provider which includes the length of the course. Complete the following questions:

Name of course _____ Dates _____

Location where course was offered _____

Name of provider offering course _____

Address of provider offering course _____

Number of continuing education units requested _____

Was any portion of this course a home study course? _____ Yes _____ No

Was this course offered as a lecture in connection with a scientific meeting or convention? _____ Yes _____ No

If yes, attach evidence that indicates licensee attended specific lecture for which you are requesting continuing education credit.

Certification

I certify under the penalty of perjury under the laws of the State of California that the statements made in the application are true and correct.

 Signature of Licensee

 Date

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 1432 Howe Ave, Suite 85, Sacramento, CA 95825, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.